



***HEARTSafe Community Renewal Application***

**Connecticut State Department of Public Health  
Heart Disease and Stroke Prevention Program**

**Municipality seeking renewal designation:**

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Name of Municipality

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Address

State

Zip Code

**Municipal Chief Executive Officer:**

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Name and Title

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Address

State

Zip Code

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Phone

Email

This application is an affirmation of the continued efforts of individuals and agencies in a HEARTSafe designated municipality to maintain, promote and expand the goals of the HEARTSafe Community Program within their city or town.

**The main components of these efforts include:**

- Continued training of citizens in Cardiopulmonary Resuscitation (CPR) and/or Automated External Defibrillator (AED) use.
- Maintaining and, when possible, expanding the number of publicly located AEDs.
- Continuing to provide trained and equipped first responders.
- Continuing to provide Advanced Life Support (ALS) when required.

The date of initial HEARTSafe designation for your community was: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please submit this renewal application and supporting documentation within two weeks of the three-year anniversary date.

For HEARTSafe designation renewal please provide documentation for the following:

**1. Accredited CPR or CPR/AED Training Program(s) Used:**

(AHA) American Heart Association  
(ARC) American Red Cross  
(NSC) National Safety Council

**Provide copies of class rosters for currently certified CPR/AED individuals. A signed letter from a certified instructor attesting to the dates, locations, number trained and certified, and type of course will be accepted.**

Up to 5,000:	Minimum of 10 citizens
5001-15,000:	Minimum of 30 citizens
15,001-30,000:	Minimum of 50 citizens
30,001-50,000:	Minimum of 60 citizens
50,001-100,000:	Minimum of 75 citizens
100,001-150,000:	Minimum of 90 citizens

**2. List and addresses of publicly located AEDs. The number of AEDs is based upon the following municipal population requirements:**

Up to 5,000:	Minimum of 2 AED sites
5001-15,000:	Minimum of 6 AED sites
15,001-30,000:	Minimum of 10 AED sites
30,001-50,000:	Minimum of 12 AED sites
50,001-100,000:	Minimum of 15 AED sites
100,001-150,000:	Minimum of 18 AED sites

**3. Designated First Responder is CPR/AED equipped and staffed with currently certified AED personnel:      No \_\_\_\_      Yes \_\_\_\_**

**Designated First Responder:**

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Name of First Responder Agency

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Address	State	Zip Code
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First Responder Contact Name and Title	Phone	Email
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4. **Advanced Life Support (ALS) Provider is dispatched to all ALS emergencies:**  
No \_\_\_\_\_ Yes \_\_\_\_\_

**Advanced Life Support Provider:**

Name of ALS Agency		
Address	State	Zip Code
ALS Contact Name and Title	Phone	Email

**Contact person for application:**

Name and Title	
Phone	Email
Contact person signature	Date

**The section below must be completed by the contact person and notarized.**

State of Connecticut, County of \_\_\_\_\_, ss. \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that \_\_\_\_\_ executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand, \_\_\_\_\_

My Commission expires: \_\_\_\_\_

Please mail application and supporting documentation to:

Gary St. Amand, Health Program Associate,  
Connecticut Department of Public Health  
Heart Disease and Stroke Prevention Program  
410 Capitol Avenue, MS#11 APV, P.O. Box 340308  
Hartford, CT 06134-0308

Questions: Contact Gary St. Amand at 860-509-7581 or gary.stamand@ct.gov.